

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/ 598838

FILED DATE  
9.13.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4		1		1		
5		1		1		
6		2		2		
7		2		2		
8	1		1			
9	1		1			
10		1		1		
11		2		2		
12	1					
13		1		1		
14		1		1		
15		1		1		
16	1					
17	1					
18		1		1		
19		1		1		
20		2		2		
21	1					
22	1					
23	1					
24	1					
25		2		2		
26	1		1			
27		1		1		
28		1		1		
29		1		1		
30		1		1		
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						